

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34305
Do not use this space.

NOV 16 1938

1. PLACE OF DEATH
 (a) County
 (b) Township
 (c) City St. Louis, Mo.
 (d) Street No. City Infirmary.
 (e) Length of residence in city or town where death occurred 66 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Rosaline Wilson.
 (a) Residence, No. 5800 Arsenal st. St. 13
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg, Germany.
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1938
 22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to October 24, 1938
 I last saw her alive on October 24, 1938 Death is said to have occurred on the date stated above, at 2:55 p.m.
 The principal cause of death and related causes of importance were as follows:
Anteroseptal heart disease
 Date of onset
 Other contributory causes of importance:
infected infarct left lung
old healed meningitis
the not caused by tubercular affect.
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify.....
 (Signed) E. O. Dunch M. D.
 (Address) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE CITY CREMATORY DATE OCT 26 1938
 19. FUNERAL DIRECTOR (ADDRESS) City Infirmary
 20. FILED 1938
Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)